

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

486 -62-009271

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

FILED MAR 5 1962

Primary Registration District No. 500

Registrar's No. 486

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Koch, Missouri</b>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY                                 |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |   | Length of stay in lb<br><b>81 days</b>  | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                       |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Robt. Koch Hospital</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>4403 Lee Ave.</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Steve</b> Middle <b>Levantino</b> Last <b>Levantino</b>  |   | 4. DATE OF DEATH<br>Month <b>Feb.</b> Day <b>6</b> Year <b>1962</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Feb. 26 1894</b> yrs, Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>nil</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>—</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Italy</b>   |
| 13a. FATHER'S NAME<br><b>Salvador Levantino</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Janie (Jennie) Zimardi</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 17. INFORMANT<br>Address<br><b>6 Robt. Koch Hosp. record, Koch, Mo.</b>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Heart Failure</b><br>DUE TO (b) <b>Arteriosclerotic Cardiovascular Disease</b><br>DUE TO (c) <b>Bronchopneumonia</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Bronchopneumonia</b><br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <b>11</b> a.m. <b>17</b> p.m.<br>Month, Day, Year <b>11-17-61</b>   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis Missouri</b>   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  |
| 21. I attended the deceased from <b>11-17-61</b> to <b>2-6-62</b> and last saw her alive on <b>2-6-62</b><br>Death occurred at <b>11:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   | 22b. ADDRESS<br><b>Robt, Koch Hosp. Kodh, Mo.</b>   |  |
| 22a. SIGNATURE<br><b>Bernard Surdman M.D.</b><br>(Degree or title)  |   | 22c. DATE SIGNED<br><b>2-7-62</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>Feb. 10-1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Calvary Cemetery</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Miceli &amp; Sons 1150 N. Kingshighway</b>   |   | 25. DATE REC'D. BY LOCAL REG.<br><b>2-8-62</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>John C. Murphy M.D.</b>   |   | 27. LOCATION (City, town, or county) (State)<br><b>St. Louis Missouri</b>   |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.